

IMPLEMENTATION OF COMPREHENSIVE PREVENTION OF DENTAL CARIES IN CHILDREN WITH CEREBRAL PALSY

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Abstract: Over the past decade, the number of disabled children aged 2-14 years with diseases of the central nervous system increased from 11974.6 to 15691.2, an increase of up to 16 percent was observed in cerebral palsy. Children with disabilities all over the world - due to severe functional disorders, and appropriate dental care is provided in kindergartens and schools. Cerebral palsy is a complex disease of the nervous system that occurs in the conditions of maturity of the brain, that is, in the process of fetal development, childbirth and the newborn (nikitina 1979), cerebral palsy is characterized by damage to the musculoskeletal system, speech and mental disorders, reduced hearing and vision.

Key words: cerebral palsy, caries, prevention.

1. INTRODUCTION

The direct cause of progressive demineralization of hard tooth tissues (caries) is organic acids, the formation of which is associated with long-term enzymatic activity of microorganisms. The occurrence of caries is considered the final stage of the interaction of a number of carious factors. Epidemiological studies have found a large amount of plaque and its interaction with the development of caries in children. The nature and state of the oral microflora is determined by the main properties and composition of saliva: the presence of stagnant and non-stagnant flora, viscosity, PH, ionic potential, mineral components, organic composition (amino acids, polysaccharides, vitamins, purines, pyrimidines). Thus, the need is $92.0 \pm 1.92\%$ in the oral cavity, in the treatment of anomalies of dental diseases- $59.0 \pm 3.48\%$, $36.0 \pm 3.4\%$ in such cases, the help of a dentist is necessary. Proposed by V. V. Korchak (1995)

the scheme of medical examination in dentistry of children with disabilities from birth to 15 years requires the participation of many specialized medical institutions. the author recommends conducting a survey of children taking into account the activity of the cautious process. To monitor the compensatory course of caries in children under the age of 4 years 2 times a year, from 4 years to 15 years-3 times a year; children from birth to 15 years of age are offered 4 times or more a year to examine children with subcompensated and decompensated course simultaneously, the author provides information on the effectiveness of the proposed scheme of clinical examination of children with CP. Thus, the problem of optimizing dental care for children suffering from cerebral palsy is one of the important tasks of pediatric dentistry.

2. Purpose of research

Development of a comprehensive program for the prevention of dental caries in children with cerebral palsy.

3. Materials and methods of research

Research Tashkent State Institute of Dentistry Department of "Prevention of dental diseases" and Bukhara State Medical Institute named after Abu Ali ibn Sino researchers of the Department of "Children's Dentistry" of school No. 27 of Bukhara at the age of 11 to 14 years and 120 patients with its complications children and their parents among persons providing dental care to children with paralysis with the help of "anamnesis of patients 'disease'" were examined by retrospective, clinical and dental, hygienic index of the oral cavity, papillary-marginal - alveolar index, the index of the prevalence and intensity of caries. A survey of parents was conducted to study the risk factors for

dental caries in children with cerebral palsy, as well as to assess the dental care provided to children with disabilities. Information was studied to obtain some data on the antenatal, perinatal, postnatal and infantile periods of child development (pathological childbirth, hypoxia, fetal asphyxia, preterm birth, hereditary diseases, infectious diseases, etc.).

The study of the dental condition of children was carried out according to the generally accepted method. Examination of children was carried out with the help of dental instruments (mirror, probe) under artificial light. The data obtained were included in the study questionnaire.

When conducting a mass epidemiological examination, information on the number and quality of dental caries is extremely necessary when assessing the hygienic state of the oral cavity, the quality and effectiveness of hygienic procedures, determining the place of oral hygiene in the occurrence of dental and periodontal diseases. It plays an important role in the occurrence of dental and periodontal diseases of the gums that cover the surface of the tooth. By mathematical calculation of soft caries and dental stones, many methods for determining its volume, structure and level have been proposed. The introduction of the usual program of prevention and treatment of dental caries and other dental diseases in children with cerebral palsy is problematic, and especially difficult for a number of reasons. First, the pediatric dentist does not have direct contact with the child, because the child does not go to kindergartens, schools, and parents do not take him to a dental clinic. Secondly, parents not only act as intermediaries in the performance of their personal hygiene and preventive work, but also participate in therapeutic activities. Therefore, the effectiveness of the dental examination program for children with disabilities largely depends on the motivation of parents to adopt and apply this program for their child. In this regard, a special program of dental care (medical examination) for children with caries and its complications is aimed primarily at increasing the interest of parents in the prevention and treatment of oral diseases in children.

The program for the prevention of dental

caries in children with cerebral palsy includes the following activities.

- ✓ Pregnancy status and diseases:
- ✓ Mother's pregnancy periods: antenatal, postnatal, perinatal
- ✓ Abnormal ejaculation
- ✓ Premature birth premature ejaculation
- ✓ Pregnant pimples
- ✓ Hypoxia
- ✓ Hereditary diseases abuse
- ✓ Infectious pathology
- ✓ Disorders of the central nervous system
- ✓ Kidney diseases
- ✓ Hypertension
- ✓ Toxemia of pregnancy

Motivation of parents to conduct a program of dental examination of the child

- laboratory, condition, nose-nose-mouth
- The mucous membrane of the oral cavity
- The status of the effectiveness Canova
- The placement of the teeth in multiple rows of teeth
- Recommendations for feeding.
- The oral hygiene of complex professional abuse
- date of the oral cavity.
- Prescribe drugs with a systemic effect
- Was used cognitive therapy recovery ("R. A. S. S. gel" healing minerals " and feel better)of the ECHP.
- Periods of constant teething and absorption of milk roots into the gums.
- Orthodontic treatment and prosthetics of teeth .

Repeated examinations, preventive and therapeutic measures: for children with hyperkinesia, hemiparesis and atonic-aesthetic form-3 times a year, if they have a form of decompensated caries-are carried out every 3 months.

At the first visits, parents were given explanatory work on the implementation of the program of children's

dental examination, recommendations on the nutrition of children were given, professional hygiene of the oral cavity and caries was carried out. External examination data, the nature of facial and maxillary functions (breathing, swallowing, speech, chewing, saliva), the condition of the lips, oral mucosa, periodontal ligaments, hard tooth tissues, the condition of the teeth, the shape of the teeth and the effectiveness of chewing were recorded.

due to the fact that most children with caries can not independently follow the recommendations of the dentist, much attention was paid to maintaining a high level of motivation to examine children during each visit of parents. They explained to parents the importance of oral health for the overall health of the child, the causes of dental diseases and the possibility of their treatment and prevention.

Dietary recommendations included a ban (or restriction) on the consumption of dairy products, green tea, fresh vegetables and fruits, sugar and sweets, sour foods and beverages. An increase in the proportion of solid food was recommended only for children with chewing function.

The results obtained and their discussion.

As a result of the analysis of the obtained data, a very low level of hygiene skills was revealed in most children with caries. Only 63.8 percent of parents took care of their children. At the same time, only 40.0% of children were engaged in regular brushing of teeth, 26.7% of them followed the rules of washing their teeth 1 time a day, 8.3% - 2 times a day.

In 43.3% of children, oral care was brought to an irregular, isolated state, and in 26.7% of children, oral hygiene measures were not carried out at all. The parents of all preschoolers to clean their teeth. Among schoolchildren, only 18.3 percent of children independently carry out hygiene measures for oral care, while the rest need the help of parents. Thus, the analysis of the survey data allowed us to determine the general and local risk factors for the development of dental diseases in children with cerebral palsy, acting in the first year of a child's life, early and preschool age,

and the antenatal period. In most women, the presence of abnormalities, toxicosis during pregnancy, maternal diseases during pregnancy, the complex process of childbirth and their solution, the normal course of pregnancy and childbirth are noted only in 5.0% of cases.

All these factors led to the mineralization of fetal metabolism, including water-salt metabolism, and, as a result, milk follicles and permanent teeth. In addition, the lack of natural nutrition in all newborns or its short duration (1.5 months) reduced tooth decay and increased the risk of dental disease.

1. To prevent the main diseases of the oral cavity, it is necessary to use a dental preventive program that is effective for children with cerebral palsy in dental institutions and rehabilitation centers for children with disabilities.
2. It is necessary to provide information on individual measures for the prevention of dental diseases in children with cerebral palsy and conduct dental examinations in children's dentistry for children with disabilities.
3. Pediatric dentists attribute a role to parents in the prevention of oral diseases and oral hygiene in children with disabilities.

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